

**REQUEST FOR REFUND****VIA FACSIMILE: (703) 308-5077**

Mail Stop 16  
Refund Section  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

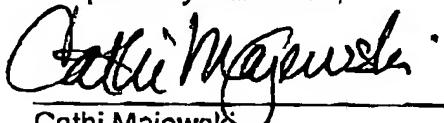
Sir:

Applicant hereby requests refund of the below-mentioned fee. This fee was incorrectly charged to our deposit account and the charge is not ours.

<u>Date</u>	<u>Seg</u>	<u>Serial No.:</u>	<u>Atty. Docket No.</u>	<u>Fee Code</u>	<u>Amount</u>
2/15/05	3	10/673,997	GCSD-1481 (51343)	1801	\$790.00

Please refund the above amount to Deposit Account No. 14-0603.

Respectfully submitted,



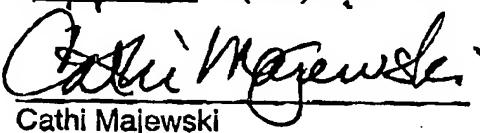
Cathi Majewski  
Authorized User of Deposit Acct. No. 14-0603

Warrenville, IL 60555  
Date: March 1, 2005  
Telephone: (630) 753-3400

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this REQUEST FOR REFUND is being facsimile transmitted to the Patent and Trademark Office on or before 3/1/05 to (703) 308-5077.

Date: 3/1/05

  
Cathi Majewski

Adjustment Date: 06/27/2005 SDIRETA1  
02/15/2005 LWASHING 00000003 140603 10673997  
01 FC:1801 790.00 CR

JUN 03 '05 03:43PM NAVISTAR INTERNATIONAL RESULT REPORT .....(MAR 01 '05 5:17PM).....

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(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
088	MEMORY TX		8-7033085077--808938	01/01	OK

## SECOND REQUEST

Attn: Latrice Sims - Refund Branch  
USPTO

fax#: 703-308-5077

ERRORS

- 1) HANG UP OR LINE FAIL      2) BUSY      3) NO ANSWER      4) NO FACSIMILE CONNECTION

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